

RECEIVED**FEB 25 2022****U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS****UNITED STATES DISTRICT COURT**

for the

Eastern District of Missouri

____ Division

ELROY G NEWTON

Case No. _____

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

COMPASS HEALTH NETWORK, KEVIN SCHMIDT
DDS, LISA BARNES, JANE DOE 1, JANE DOE 2,
OFFICE SUPERVISOR

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No**COMPLAINT FOR A CIVIL CASE****I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

ELROY NEWTON
COMPASS HEALTH NETWORK

Street Address

1032 CROSSWINDS COURT 3205 DENIWATER PI

City and County

WENTZVILLE, SAINT CHARLES COUNTY 63301

State and Zip Code

63385

Telephone Number

636-332-6000636-362-6653

E-mail Address

N / A**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name KEVIN SCHMIDT DDS

Job or Title *(if known)* DENTIST

Street Address 1032 CROSSWINDS COURT

City and County WENTZVILLE, SAINT CHARLES COUNTY

State and Zip Code 63385

Telephone Number 636-332-6000

E-mail Address *(if known)* N / A

Defendant No. 2

Name LISA BARNES

Job or Title *(if known)* NURSE

Street Address 1032 CROSSWINDS COURT

City and County WENTZVILLE, SAINT CHARLES COUNTY

State and Zip Code 63385

Telephone Number 636-332-6000

E-mail Address *(if known)* N / A

Defendant No. 3

Name OFFICE SUPERVISOR

Job or Title *(if known)* OFFICE SUPERVISOR THAT WORKED ON 03/03/2020

Street Address 1032 CROSWINDS COURT

City and County WENTZVILLE, SAINT CHARLES COUNTY

State and Zip Code 63385

Telephone Number 636-332-6000

E-mail Address *(if known)* N / A

Defendant No. 4

Name JANE DOE 1 AND JANE DOE 2

Job or Title *(if known)* INTAKE NURSES THAT WORKED ON 03/03/2020

Street Address 1032 CROSSWINDS COURT

City and County WENTZVILLE, SAINT CHARLES COUNTY

State and Zip Code 63385

Telephone Number 636-332-6000

E-mail Address *(if known)* N / A

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

TITLE 18, U.S.C., SECTION 241, TITLE 18, U.S.C., SECTION 242, TITLE 18, U.S.C., SECTION 245, TITLE 18, U.S.C., SECTION 248, FEDERAL TRADE AND COMMISION ACT SECTION 5: UNFAIR OR DECEPTIVE ACTS OR PRACTICES, FRUAD, EXTORTION, BREACH OF FIDUCIARY DUTY2

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* ELROY G NEWTON, is a citizen of the State of *(name)* MISSOURI.

b. If the plaintiff is a corporation

The plaintiff, *(name)* N / A, is incorporated under the laws of the State of *(name)* N / A, and has its principal place of business in the State of *(name)* N / A.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* KEVIN SCHMIDT DDS, is a citizen of the State of *(name)* MISSOURI. Or is a citizen of *(foreign nation)* N / A.

b. If the defendant is a corporation

The defendant, (name) COMPASS HEALTH NETWORK, is incorporated under the laws of the State of (name) MISSOURI, and has its principal place of business in the State of (name) MISSOURI.
Or is incorporated under the laws of (foreign nation) MISSOURI, and has its principal place of business in (name) MISSOURI.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

1. For general, specific, compensatory, incidental, and consequential damages according to proof at trial, but in an amount not less than \$7,300,000;
2. For restitution for unlawful, unfair, and fraudulent acts and omissions alleged herein according to proof at trial.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Please see attachment

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Causation, Severe mental or emotional distress, Intentional or reckless acts causing continuous and future mental care. Foresee ability cause direct and physical out patient care for mouth pain from 2 teeth needing care. Also reconstruction of the mouth requiring different treatment and care with more expense for dentures.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

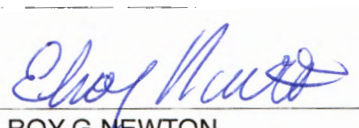
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 02/23/2022

Signature of Plaintiff

Printed Name of Plaintiff


ELROY G NEWTON

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

JOHN RANDOPH

Bar Number

Name of Law Firm

COMPASS HEALTH COMPLIANCE OFFICE MAYME SLOAN

Street Address

3515 AMANZONAS

State and Zip Code

JEFFERSON CITY, MISSOURI 65109

Telephone Number

573-298-0350

E-mail Address

N / A